

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022507

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

1608

STATE FILE NUMBER

1. ~~FILED~~ MAY 27 1963

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirkwood

Length of stay in 1b
8 Monthsc. CITY
OR
TOWN

Kirkwood

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Chastain's Home

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS
(If outside, give location)

360 N. Woodlawn

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MabelMiddle
BryanLast
Broderick4. DATE
OF
DEATH

Month

Day

Year

May

16

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/1/81

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

11

29

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William S. Bryan

13b. MOTHER'S MAIDEN NAME

Nancy North

14. NAME OF HUSBAND OR WIFE

John K. Broderick (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Richard Chomeau Kirkwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH
1 dayConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive cardiovascular disease and
generalized arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a) Hypertensive cardiovascular
disease and generalized arteriosclerosisPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-30-61 to 5-16-63 and last saw him alive on 5-13-63
Death occurred at 6:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE
Philip F. Doisy, M.D.22b. ADDRESS
714 S. Kirkwood Rd.
Kirkwood 22, Mo.22c. DATE SIGNED
5-17-6323a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5/18/63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Missouri

24. FUNERAL DIRECTOR

Bopp Chapel, Kirkwood, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-18-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

VS 300
Rev. 4/59

1 4003

2 4003

3

4 1

5 2

6

7 0

8 2

9 491X

10

11

12 86-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.